

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **10786**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1482 Shawmut Pl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life _____ (Specify whether
years, months or days) 2

3. (a) PRINT FULL NAME Molly Sullivan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov 22nd. 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 6 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business At Home 5

MOTHER FATHER { 12. Name Patrick Kenny 5

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kavanaugh

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

18. (a) Informant Edward Sullivan

(b) Address 1482 Shawmut Pl

17. (a) Burial (b) Date thereof 12/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cent

18. (a) Signature of funeral home Hannigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) DEC 29 1940 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1482 Shawmut Pl
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th.
year 1940 hour 2:45 A. Minute _____ M.

21. I hereby certify that I attended the deceased from 12/27, 1940 to 12/28, 1940
that I last saw her alive on 12/27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 4 days

Due to Chronic Coronary

Due to Asthma 3 years

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 95%
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Joseph L. Schaefer (M. D. or other) _____
Address 201 University Club Date signed 12/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Schaffer
4432 Washington
11 Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Wilfred H Burnley

Licensed Embalmer No. 4202

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.